PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

08/13/2004

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Charles K. Young BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP 12400 Wilshire Boulevard Seventh Floor Los Angeles, CA 90025-1026

FILING DATE

12/28/2001

7590

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

| | T.J. DEL | ÇADO | (Depositor's name) | | |
|----------------------|----------|---------------------|--------------------|--|--|
| | M | | (Signature) | | |
| | | 11/15/04 | (Date) | | |
| FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | | |
| Dmitri E. Nikono | v | 42390P13330 | 1947 | | |

TITLE OF INVENTION: METHOD AND APPARATUS FOR WAFER LEVEL TESTING OF INTEGRATED OPTICAL WAVEGUIDE CIRCUITS

| APPLN. I YPE | SMALL ENTITY | 13306 11 | | PUBLICATION FEE | TOTAL PEE(S) DOE | DATE DOE | |
|---|--------------|----------|---|-----------------|------------------|------------|--|
| nonprovisional | NO | \$1330 | | \$300 | \$1630 | 11/15/2004 | |
| EXAN | INER | ART UN | T | CLASS-SUBCLASS |] | | |
| KIM, ELLEN E | | 2874 | | 385-049000 | _ | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | a member a 2 | 2 | |

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 11/19/2004 MBEYENE2 00000020 10041038

(A) NAME OF ASSIGNEE

☐ Advance Order - # of Copies

ì

NOV 1 8 20C4

APPLICATION NO.

10/041,038

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

1370.00 OP 300.00 OP

INTEL CORPORATION

SANTA CLARA, CALIFOR PIAC: 1504

Please check the appropriate assignee category or categories (will not be printed on the patent); individual XX corporation or other private group entity ☐ government 4b. Payment of Fee(s):

4a. The following fee(s) are enclosed: XXIssue Fee

A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

Publication Fee (No small entity discount permitted)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

□ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) yould not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office

(Authorized Signature) Date) 11/15/2004

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.